



SECTION:	LICENSING FORMS	LIF-MED-028
TITLE:	APPLICATION FOR AEROMEDICAL EXAMINER (SPECIALIST) DESIGNATION	

1- APPLICATION TYPE		
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal <input type="checkbox"/> Change of facility address	
2- FACILITY INFORMATION		
Name of Employer:	Trading Name (if applicable):	
Facility Address (main location and postal number):	Facility Telephone No.:	
3- APPLICANT DETAILS		
Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality:	CAMA Authorization Number (if applicable)	
Name of Employer:	ID Card/Passport No.:	
Address:	Mobile Number (s): _____	
Email Address:	_____	
Medical Specialty:		
Do you hold qualification in Aerospace/Aviation medicine? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Qualification: _____		
Do you have Aviation experience as a pilot? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Other: _____		
Do you hold a license to practice medicine in Yemen?		
• Yemen Ministry of Health (MOH)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
• Sana'a Health Authority (SHA)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
• Aden Health Authority (AHA)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
• Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you hold a license to practice medicine overseas? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please state the details: _____		
4 - DOCUMENTS CHECKLIST / ATTACHEMENTS		
(Please enclose the following documents in support of this application)		
S. No.	Required Documents	Submitted (For CAMA Use Only)
1-	Request Letter from the Examiner/clinic	<input type="checkbox"/>
2-	Copy of the AME qualifications	<input type="checkbox"/>
3-	Copy of the CME records for the past two years	<input type="checkbox"/>
4-	Copy of MOH/SHA License	<input type="checkbox"/>
5-	Applicant's Resume stating the applicant's clinical experience in the specialty field during last 5 years	<input type="checkbox"/>
6-	Colour passport size photo with uniform & blue background.	<input type="checkbox"/>
7-	Applicable fee in cash (Copy of fee receipt)	<input type="checkbox"/>
8-	Other (Specify if any): _____	



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FOR RENEWAL ONLY:

Number of CAMA medical referral during last designation period:

CLASS I:

CLASS II:

CLASS III:

CLASS CC:

**5- CME RECORDS
(APPROVED AEROMEDICAL REFRESHER TRAINING DURING LAST DESIGNATION PERIOD)**

Date (dd/mm/yyyy)	Activity	CME Hours

6- APPLICANT DECLARATION



I certify that the information provided hereon and in attachments is correct to the best of my knowledge and belief and if granted I hereby accept the authority, duties, and responsibilities, and shall conduct such activities in compliance with Yemen YCARs, and the directives of the Civil Aviation and Meteorology Authority.

Signature of Applicant (Sign inside the above box)

Date: _____

**7- CAMA ACTION
(For CAMA Use Only)**

7-1 AEROMEDICAL INSPECTOR / OFFICER ASSIGNED TO THIS APPLICATION

RECOMMENDED
 NOT RECOMMENDED

Comments of Aeromedical Inspector / Officer assigned to this application:

Name of Aeromedical Inspector / Officer assigned to this application: _____

Signature: _____

Date: _____

7-2 AEROMEDICAL MANAGER / D.G. OF PEL & EXAMINATION

REJECT
 APPROVE

Name of Aeromedical Manager / D.G. of PEL & Examination: _____

Signature: _____

Date: _____

Note: All fields are mandatory and must be filed in English.